

IN THE UNITED STATES DISTRICT COURT  
FOR THE DISTRICT OF DELAWARE

MONTY C PEPPER

V

THOMAS CARROLL

BAMBI THOMAS

JAMES GARDELS

THOMAS SEACORD

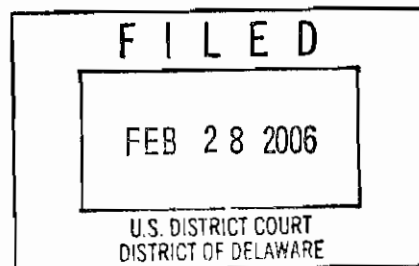
C.N. No.05-084-jjf


PLEASE TAKE NOTICE that the attached Motion To Amend  
under Rule 15a Fed R.Civ.P. is herewith presented  
to the Court

PLAINTIFF in filling on or about February 15 2005 a complaint was  
filed in Federal District Court for the District of Delaware against  
Thomas Carroll, Bambi Thomas, James gardels, Thomas seacord, case (D.I.2)

PLAINTIFF in ~~answering~~ Amending to the above presents this to  
the HONORABLE COURT (pL 39)

DATED THIS DAY 23 OF February 2006



  
MONTY C PEPPER  
1181 Paddock Rd  
Smyrna DEL 19977

sbi 156920

## IN THE UNITED STATES DISTRICT COURT

FOR THE DISTRICT OF DELAWARE

MONTY C PEPPER  
plaintiff

v

THOMAS CARROLL

BAMBI THOMAS

THOMAS SEACORD

JAMES GARDELS

defendants

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C.A. No.05-084-JJF

MOTION TO AMEND UNDER RULE 15(a) Fed.R.Civ.P.

NOW COMES Plaintiff Monty C Pepper do request  
 The court To ~~AMEND~~ AMEND The following issue To  
 Join in To doinder of Claims under Rule 18a Fed R Civ P  
 where The following constitutional issue has not been  
 remedied and stems from The original abuse recieved  
 in D.C.C. which were addressed in original complaint  
 Plaintiff has further attempted To seek remedy with  
 Total failure being These concerns helth and medical  
 issues Plaintiff after original Complaint as well a  
 additions of DI 2 DI DI7 DI8 DI12 DI 25  
 would had expected action To cure The issues defendant  
 have not Defendant (Wardon) Thomas Carroll as  
 The person overseeing prison conditions rules and  
 security of both inmates as well as public is responsible  
 as well as medical issues

The Plaintiff puts Fourth That for over a year  
 The Plaintiff has requested help on a cough That will  
 not go away other inmates have it Plaintiff dose not  
 know why may be Possibal Polester From Blanketts  
 a forms of ~~Asbestos~~ Asbestos is From Polester

Plaintiff is just speculating on why he has the cough

Also the back issues still go unlooked at or diagnosed. Plaintiff is in constant pain from back lower back pain. Also Plaintiff has a meaty lump on his spine mid back that hurts at times and has grown. Medical will not look at it will

not give me an appointment or see if it cancer

This is very dangerous. Also Plaintiff still suffers from bouts of depression and paranoia

paranoia from guards as well as relation of what he has received and may receive

The negligent and deliberate indifference standard applies and if this is part of the ongoing retaliation or just plain neglect or abuse this is criminal. Plaintiff is in constant pain and worried

Plaintiff has included grievances and sick calls that he gathered and these medical issues go back to Oct 2004 as DI 2 will show (Exhibits 1-17)

There for Plaintiff request The Honorable Court To Joinder or Join This added complaint into The existing Complaint

I not The Plaintiff will file a separate ~~suit~~ suit To The issue

Again some copy s are impression others are being sent into D.C.C, By Plaintiffs Parents

Monty Pepper

Feb 13 2006

CCP  
g. ccttc as

## SECTION #1

DATE SUBMITTED: \_\_\_\_\_

SBI#: \_\_\_\_\_

CASE #:

TYPE OF MEDICAL PROBLEM:

DATE: \_\_\_\_\_

ACTION REQUESTED BY GRIEVANT: \_\_\_\_\_

DATE RECEIVED BY MEDICAL UNIT: \_\_\_\_\_

**NOTE: EMERGENCY MEDICAL CONDITIONS WILL TAKE PRIORITY. OTHERWISE, MEDICAL GRIEVANCES WILL BE ADDRESSED AT THE WEEKLY MEDICAL COMMITTEE MEETING.**

**DELAWARE DEPARTMENT OF CORRECTIONS**  
**REQUEST FOR MEDICAL/DENTAL SICK CALL SERVICES**  
**FACILITY: DELAWARE CORRECTIONAL CENTER**  
 This request is for (circle one): **MEDICAL DENTAL MENTAL HEALTH**

Name (Print)

Housing Location

Date of Birth

SBI Number

Date Submitted

Complaint (What type of problem are you having)?

Inmate Signature

Date

**The below area is for medical use only. Please do not write any further.**

S:

O: Temp: \_\_\_\_\_ Pulse: \_\_\_\_\_ Resp: \_\_\_\_\_ B/P: \_\_\_\_\_ WT: \_\_\_\_\_

A:

P:

E:

Provider Signature &amp; Title

Date &amp; Time

Ex 3

FORM #584

GRIEVANCE FORM

FACILITY: \_\_\_\_\_ DATE: \_\_\_\_\_

GRIEVANT'S NAME: \_\_\_\_\_ SBI#: \_\_\_\_\_

CASE#: \_\_\_\_\_ TIME OF INCIDENT: \_\_\_\_\_

HOUSING UNIT: \_\_\_\_\_

BRIEFLY STATE THE REASON FOR THIS GRIEVANCE. GIVE DATES AND NAMES OF OTHERS INVOLVED IN THE INCIDENT OR ANY WITNESSES.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ACTION REQUESTED BY GRIEVANT: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

GRIEVANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

WAS AN INFORMAL RESOLUTION ACCEPTED? \_\_\_\_\_(YES) \_\_\_\_\_(NO)

(COMPLETE ONLY IF RESOLVED PRIOR TO HEARING)

GRIEVANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

IF UNRESOLVED, YOU ARE ENTITLED TO A HEARING BY THE RESIDENT GRIEVANCE COMMITTEE.

cc: INSTITUTION FILE  
GRIEVANT

11/22/97

## CASE #: \_\_\_\_\_

////////////////////////////////////

## This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

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**NOTE: EMERGENCY MEDICAL CONDITIONS WILL TAKE PRIORITY. OTHERWISE, MEDICAL GRIEVANCES WILL BE ADDRESSED AT THE WEEKLY MEDICAL COMMITTEE MEETING.**

**DELAWARE DEPARTMENT OF CORRECTIONS  
REQUEST FOR MEDICAL/DENTAL SICK CALL SERVICES  
FACILITY: DELAWARE CORRECTIONAL CENTER**

This request is for (circle one): MEDICAL DENTAL MENTAL HEALTH

Monty Pepper  
Name (Print)

✓

3 28 59  
Date of Birth

00156920  
SBI Number

AUG 20 05  
Housing Location  
Date Submitted

Complaint (What type of problem are you having)? a cough and  
Back Pain The cough is prestant  
will not stop continous Back Pain  
This all started in The Skill

[Signature]  
Inmate Signature

AUG 20 05  
Date

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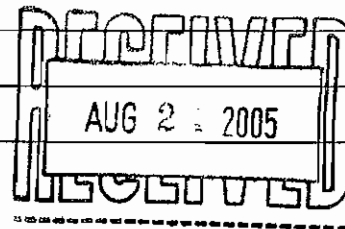
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A: to see medical

P:

E:



Provider Signature & Title

Date & Time



**DELAWARE DEPARTMENT OF CORRECTIONS  
REQUEST FOR MEDICAL/DENTAL SICK CALL SERVICES  
FACILITY: DELAWARE CORRECTIONAL CENTER**

This request is for (circle one): MEDICAL DENTAL MENTAL HEALTH ?

Monty Pepper

Name (Print)

Housing Location

32559

Date of Birth

00156920

SBI Number

92905

Date Submitted

I'm still having problems I don't know what's going to happen  
Complaint (What type of problem are you having)? The meds you gave

me are too strong don't know what they are  
supposed to do I have a ringing in my ears constant

They aren't taking care of my back pain I've had rectum bleeding  
when I was in 18 don't know why haven't noticed it lately? is it

[Signature]

Inmate Signature

9-29-05

Date

The  
meds

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A:

To per Medical

P:

E:

Provider Signature & Title

Date & Time

*2015 Copy*

**DELAWARE DEPARTMENT OF CORRECTIONS**  
**REQUEST FOR MEDICAL/DENTAL SICK CALL SERVICES**  
**FACILITY: DELAWARE CORRECTIONAL CENTER**  
**This request is for (circle one): MEDICAL DENTAL MENTAL HEALTH**

Name (Print)

Housing Location

Date of Birth

SBI Number

Date Submitted

Complaint (What type of problem are you having)?

Inmate Signature

Date

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Pulse: \_\_\_\_\_

Resp: \_\_\_\_\_

B/P: \_\_\_\_\_

WT: \_\_\_\_\_

A:

P:

E:

Provider Signature &amp; Title

Date &amp; Time

**DELAWARE DEPARTMENT OF CORRECTIONS**  
**REQUEST FOR MEDICAL/DENTAL SICK CALL SERVICES**  
**FACILITY: DELAWARE CORRECTIONAL CENTER**  
 This request is for (circle one): **MEDICAL DENTAL MENTAL HEALTH**

\_\_\_\_\_  
 Name (Print) \_\_\_\_\_ Housing Location \_\_\_\_\_  
 \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ SBI Number \_\_\_\_\_ Date Submitted \_\_\_\_\_

Complaint (What type of problem are you having)?  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 Inmate Signature

\_\_\_\_\_  
 Date

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E:  
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\_\_\_\_\_  
 Provider Signature & Title

\_\_\_\_\_  
 Date & Time

**DELAWARE DEPARTMENT OF CORRECTIONS**  
**REQUEST FOR MEDICAL/DENTAL SICK CALL SERVICES**  
**FACILITY: DELAWARE CORRECTIONAL CENTER**  
 This request is for (circle one): **MEDICAL DENTAL MENTAL HEALTH**

39  
1

Name (Print)

Housing Location

Date of Birth

SBI Number

Date Submitted

Complaint (What type of problem are you having)?

Inmate Signature

Date

**The below area is for medical use only. Please do not write any further.**

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O: Temp: \_\_\_\_\_ Pulse: \_\_\_\_\_ Resp: \_\_\_\_\_ B/P: \_\_\_\_\_ WT: \_\_\_\_\_

A:

P:

E:

Provider Signature &amp; Title

Date &amp; Time

3/1/99 DE01

FORM#:

MED

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copy

## CASE #: \_\_\_\_\_

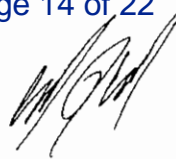
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DATE: \_\_\_\_\_

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**NOTE: EMERGENCY MEDICAL CONDITIONS WILL TAKE PRIORITY. OTHERWISE, MEDICAL GRIEVANCES WILL BE ADDRESSED AT THE WEEKLY MEDICAL COMMITTEE MEETING.**

FORM #585

MEDICAL GRIEVANCE  
10-17-05FACILITY: DECDATE SUBMITTED: July 14 05INMATE'S NAME: Monty PepperSBI#: 00156920HOUSING UNIT: 18B 68CASE #: 18742SECTION #1DATE & TIME OF MEDICAL INCIDENT: July 14 05 54:30

TYPE OF MEDICAL PROBLEM:

Iv Asked for 2 days To see mental health  
I Need DR Rennie or Dr Elean only I The  
herey set inman Dr egnored my issue Dr Elean  
was suposto Talk To major Holton? I need  
To get out of PC for my safty The guards have  
been messing with my Lunch I will not eat it when Thomas nuto  
or ballanger are on dutie These are The only shift That's a  
problem The stress is causing my back to hurt and I'm getting  
depressed more and more and fear for my life and well being They can  
write me up for nothing and at the hearing Seacord egnored the issue

GRIEVANT'S SIGNATURE: DATE: July 15 05

ACTION REQUESTED BY GRIEVANT:

Seacord said 5 years ago he'd of kicked my ass said he was  
going To move me To SCI  
I want To go To Compound E or B Like  
me and porter Talked about or I need To  
go To infirmary I don't Trust Seacord if he moves me

DATE RECEIVED BY MEDICAL UNIT: \_\_\_\_\_

RECEIVED

NOTE: EMERGENCY MEDICAL CONDITIONS WILL TAKE PRIORITY. OTHERWISE, MEDICAL GRIEVANCES WILL BE ADDRESSED AT THE WEEKLY MEDICAL COMMITTEE MEETING.

JUL 22 2005  
Inmate Grievance Office

**DELAWARE DEPARTMENT OF CORRECTIONS**  
**REQUEST FOR MEDICAL/DENTAL SICK CALL SERVICES**  
**FACILITY: DELAWARE CORRECTIONAL CENTER**  
 This request is for (circle one): **MEDICAL DENTAL MENTAL HEALTH**

Name (Print)

Housing Location

Date of Birth

SBI Number

Date Submitted

Complaint (What type of problem are you having)?

Inmate Signature

Date

**The below area is for medical use only. Please do not write any further.**

S:

O: Temp: \_\_\_\_\_ Pulse: \_\_\_\_\_ Resp: \_\_\_\_\_ B/P: \_\_\_\_\_ WT: \_\_\_\_\_

A:

P:

E:

Provider Signature &amp; Title

Date &amp; Time

**DELAWARE DEPARTMENT OF CORRECTIONS  
REQUEST FOR MEDICAL/DENTAL SICK CALL SERVICES  
FACILITY: DELAWARE CORRECTIONAL CENTER**

This request is for (circle one): MED ~~CAL~~ ~~DENTAL~~ ~~MENTAL~~ ~~HEALTH~~

Monty Pepper

V 8 A

Name (Print)

Housing Location

3 28 59

00156920

NOV 8 05

Date of Birth

SBI Number

Date Submitted

I have rining in my ears ? Back Pain constant! depresson!  
Complaint (What type of problem are you having)? I've Repeatedly asked To  
have a Cough Look at by a Doctor This has gone on  
since last year I have back Pain and a Lump on my  
spine a meaty Lump I need To Find out what it is by  
a Doctor not a nurse if it's cancer I need To know now!!

[Signature]

NOV 8 05

Inmate Signature

Date

The below area is for medical use only. Please do not write any further.

S:

O: Temp: \_\_\_\_\_ Pulse: \_\_\_\_\_ Resp: \_\_\_\_\_ B/P: \_\_\_\_\_ WT: \_\_\_\_\_

11-9-05 To be seen. Referred to MHA also 182K

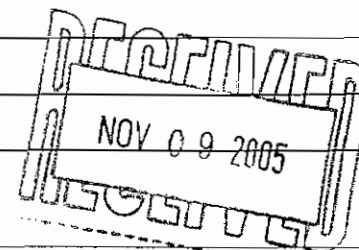
A:

P:

E:

Provider Signature & Title

Date & Time





FORM #585

MEDICAL GRIEVANCEFACILITY: DCCDATE SUBMITTED: Sunday Nov 19 05INMATE'S NAME: Monty PepperSBI#: 00156920HOUSING UNIT: D/WCASE #: 21200SECTION #1DATE & TIME OF MEDICAL INCIDENT: Nov 19 05 started Dec 04

TYPE OF MEDICAL PROBLEM:

ATT Chris Malony HSA

I have asked over and over To get my  
~~throat~~ Throat Looked at no action This  
since Last year Dec + - 04 also a Lump on my  
back bone The Size of a golf Ball half and  
back pain every day I also have a ringing  
in my ears numness in my hands sometimes I sail mental help  
for 30 seconds on the 17 Nov no help in fear of what They  
my doc because of suite I have depresso I get no help  
I'm taking Paxil Doct said no side effects cold urin 3

GRIEVANT'S SIGNATURE: [Signature]DATE: NOV 19 2005

ACTION REQUESTED BY GRIEVANT: \_\_\_\_\_

DATE RECEIVED BY MEDICAL UNIT: \_\_\_\_\_

RECEIVED

NOV 21 2005

NOTE: EMERGENCY MEDICAL CONDITIONS WILL TAKE PRIORITY. OTHERWISE, MEDICAL  
GRIEVANCES WILL BE ADDRESSED AT THE WEEKLY MEDICAL COMMITTEE MEETING.

Inmate Grievance Off

**DELAWARE DEPARTMENT OF CORRECTIONS  
REQUEST FOR MEDICAL/DENTAL SICK CALL SERVICES  
FACILITY: DELAWARE CORRECTIONAL CENTER**

This request is for (circle one): MEDICAL DENTAL MENTAL HEALTH

Monty Pepper

Name (Print)

3 28 59

Date of Birth

00166920

SBI Number

Housing Location

9 27 05

Date Submitted

Complaint (What type of problem are you having)? I asked before to have a cough  
check out I had it since Xmas 04 5 HU There's a lump on my  
Back Also need to check and Back pain Also The medication  
mental health gave me is too strong it put me to sleep  
need some thing else 1 Please don't send me on wendsdays

[Signature]

Inmate Signature

9 22 05

Date

Low  
Library

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S: Scheduled

[Signature]

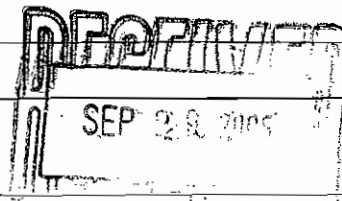
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A: \_\_\_\_\_

P: \_\_\_\_\_

E: \_\_\_\_\_

Provider Signature & Title



Date & Time

**DELAWARE DEPARTMENT OF CORRECTIONS  
REQUEST FOR MEDICAL/DENTAL SICK CALL SERVICES  
FACILITY: DELAWARE CORRECTIONAL CENTER**

This request is for (circle one): ~~PHYSICAL~~ DENTAL MENTAL HEALTH

monty Pepper ✓

Name (Print)

3/28/59  
Date of Birth

00158920  
SBI Number

Housing Location

SEP 1 05  
Date Submitted

Complaint (What type of problem are you having)?

Sorry I had a visit  
They scheduled me that afternoon no one seen  
me 1# my Back hurts spasms hearing Problem  
2 The med's that mental health I cannot take  
The Roplen?

[Signature]  
Inmate Signature

Date

The below area is for medical use only. Please do not write any further.

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Pulse: \_\_\_\_\_

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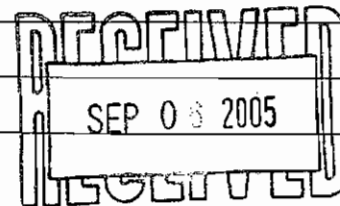
WT: \_\_\_\_\_

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49 per Medical

P:

E:



Provider Signature & Title

Date & Time

## MEDICAL GRIEVANCE

**CASE #:** \_\_\_\_\_

**NOTE: EMERGENCY MEDICAL CONDITIONS WILL TAKE PRIORITY. OTHERWISE, MEDICAL GRIEVANCES WILL BE ADDRESSED AT THE WEEKLY MEDICAL COMMITTEE MEETING.**

## MEDICAL GRIEVANCE

DATE SUBMITTED: \_\_\_\_\_

**SBI#:** \_\_\_\_\_

CASE #: \_\_\_\_\_

## DATE &amp; TIME OF MEDICAL INCIDENT: \_\_\_\_\_

[illegible]

DATE: \_\_\_\_\_

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DATE RECEIVED BY MEDICAL UNIT: \_\_\_\_\_

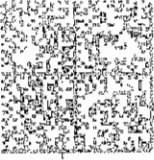
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IM M Pepper  
SBI# 156920 UNIT D W

DELAWARE CORRECTIONAL CENTER

1181 PADDOCK ROAD

SMYRNA, DELAWARE 19977



Office of The Clerk  
United States District Court  
844 Kings Street Loxbox 18  
Wilmington Del  
19801

